

Union Calendar No. 238

110TH CONGRESS
1ST SESSION

H. R. 1567

[Report No. 110–381, Part I]

To amend the Foreign Assistance Act of 1961 to provide increased assistance for the prevention, treatment, and control of tuberculosis, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 19, 2007

Mr. ENGEL (for himself, Mrs. WILSON of New Mexico, Mr. SMITH of Washington, and Mr. PAYNE) introduced the following bill; which was referred to the Committee on Foreign Affairs, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

OCTOBER 15, 2007

Additional sponsors: Mr. McDERMOTT, Mr. HOLT, Mr. WAXMAN, Mr. REICHERT, Ms. MCCOLLUM of Minnesota, Ms. LEE, Mrs. CAPPS, Ms. ESHOO, Mr. CONYERS, Mr. MCCOTTER, Mr. JOHNSON of Georgia, Mr. MILLER of North Carolina, Mr. SAXTON, Mr. GENE GREEN of Texas, Ms. WATSON, Mr. LEWIS of Georgia, Mr. MCCAUL of Texas, Mr. STARK, Mr. CROWLEY, Mr. RUSH, Mr. JEFFERSON, Mr. McNULTY, Mr. LANTOS, Ms. BALDWIN, Mr. EMANUEL, Mr. GEORGE MILLER of California, Ms. JACKSON-LEE of Texas, Mr. EDWARDS, Mr. MATHESON, Mr. INSLEE, Mr. MCGOVERN, Mr. WEXLER, Mr. BAIRD, Ms. HERSETH SANDLIN, Mr. INGLIS of South Carolina, Ms. SCHAKOWSKY, Mr. HINOJOSA, Mr. LOEBSACK, Mr. WYNN, Mr. SERRANO, Mr. LARSEN of Washington, Mr. MORAN of Virginia, Mr. FILNER, Mr. YOUNG of Alaska, Mr. JACKSON of Illinois, Mr. REYES, Mr. CARNAHAN, Mr. AL GREEN of Texas, Mr. ORTIZ, Mr. DOGGETT, Mr. POMEROY, Ms. GIFFORDS, Ms. DEGETTE, Mr. HASTINGS of Florida, Mr. MARSHALL, Mr. SHULER, Mrs. DAVIS of California, Mr. GRIJALVA, Mr. PLATTS, Mr. ELLISON, Ms. LINDA T. SÁNCHEZ of California, Mr. BRADY of Pennsylvania, Mr. BURTON of Indiana, Mr. SCOTT of Georgia, Ms. WOOLSEY, Mr. BLUMENAUER, Mr. PRICE of North Carolina, Mr. DOYLE, Mr. DELAHUNT, Mr. DAVIS of Illi-

nois, Mrs. LOWEY, Mr. FARR, Mr. BERMAN, Mr. ANDREWS, Mr. LEVIN, Ms. SOLIS, Mr. KUCINICH, Mr. ROTHMAN, Mr. SIRES, Ms. NORTON, Ms. HARMAN, Mr. GALLEGLY, Mr. TOM DAVIS of Virginia, Ms. ZOE LOFGREN of California, Mr. ACKERMAN, Mr. WU, Ms. DELAURO, Mr. COHEN, Mr. TOWNS, Ms. KILPATRICK, Mr. CAPUANO, Mr. FATTAH, Mr. SHERMAN, Mrs. MALONEY of New York, Mr. WEINER, Mr. BILBRAY, Mrs. MCCARTHY of New York, Ms. BORDALLO, Mr. BOUCHER, Mr. GONZALEZ, Mr. WALSH of New York, Mr. HINCHEY, and Mr. OLVER

OCTOBER 15, 2007

Reported from the Committee on Foreign Affairs with an amendment

[Strike out all after the enacting clause and insert the part printed in *italie*]

OCTOBER 15, 2007

Committee on Energy and Commerce discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed

[For text of introduced bill, see copy of bill as introduced on March 19, 2007]

A BILL

To amend the Foreign Assistance Act of 1961 to provide increased assistance for the prevention, treatment, and control of tuberculosis, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
 2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 *This Act may be cited as the “Stop Tuberculosis (TB)*
 5 *Now Act of 2007”.*

6 **SEC. 2. FINDINGS.**

7 *Congress finds the following:*

8 *(1) Tuberculosis is one of the greatest infectious*
 9 *causes of death of adults worldwide, killing 1.6 mil-*
 10 *lion people per year—one person every 20 seconds.*

1 (2) *One-third of the world's population is in-*
2 *fectured with the tuberculosis bacterium and an esti-*
3 *mated 8.8 million individuals develop active tuber-*
4 *culosis each year.*

5 (3) *Tuberculosis is the leading infectious killer*
6 *among individuals who are HIV-positive due to their*
7 *weakened immune systems, and it is estimated that*
8 *one-third of people with HIV infection have tuber-*
9 *culosis.*

10 (4) *Today, tuberculosis is a leading killer of*
11 *women of reproductive age.*

12 (5) *There are 22 countries that account for 80*
13 *percent of the world's burden of tuberculosis. The Peo-*
14 *ple's Republic of China and India account for 36 per-*
15 *cent of all estimated new tuberculosis cases each year.*

16 (6) *Driven by the HIV/AIDS pandemic, inci-*
17 *dence rates of tuberculosis in Africa have more than*
18 *doubled on average since 1990. The problem is so per-*
19 *vasive that in August 2005, African Health Ministers*
20 *and the World Health Organization (WHO) declared*
21 *tuberculosis to be an emergency in Africa.*

22 (7) *The wide extent of drug resistance, including*
23 *both multi-drug resistant tuberculosis (MDR-TB)*
24 *and extensively drug resistant tuberculosis (XDR-*
25 *TB), represents both a critical challenge to the global*

1 *control of tuberculosis and a serious worldwide public*
2 *health threat. XDR–TB, which is characterized as*
3 *being MDR–TB with additional resistance to mul-*
4 *tiple second-line anti-tuberculosis drugs, is associated*
5 *with worst treatment outcomes of any form of tuber-*
6 *culosis. XDR–TB is converging with the HIV epi-*
7 *demic, undermining gains in HIV prevention and*
8 *treatment programs and requires urgent interven-*
9 *tions. Drug resistance surveillance reports have con-*
10 *firmed the serious scale and spread of tuberculosis*
11 *with XDR–TB strains confirmed on six continents.*
12 *Demonstrating the lethality of XDR–TB, an initial*
13 *outbreak in Tugela Ferry, South Africa, in 2006*
14 *killed 52 of 53 patients with hundreds more cases re-*
15 *ported since that time. Of the world’s regions, sub-Sa-*
16 *haran Africa, faces the greatest gap in capacity to*
17 *prevent, find, and treat XDR–TB.*

18 (8) *With more than 50 percent of tuberculosis*
19 *cases in the United States attributable to foreign-born*
20 *individuals and with the increase in international*
21 *travel, commerce, and migration, elimination of tu-*
22 *berculosis in the United States depends on efforts to*
23 *control the disease in developing countries. Recent re-*
24 *search has shown that to invest in tuberculosis control*
25 *abroad, where treatment and program costs are sig-*

1 *nificantly cheaper than in the United States, would*
2 *be a cost-effective strategy to reduce tuberculosis-re-*
3 *lated morbidity and mortality domestically.*

4 *(9) The threat that tuberculosis poses for Ameri-*
5 *cans derives from the global spread of tuberculosis*
6 *and the emergence and spread of strains of multi-*
7 *drug resistant tuberculosis and extensively drug re-*
8 *sistant tuberculosis, which are far more deadly, and*
9 *more difficult and costly to treat.*

10 *(10) DOTS (Directly Observed Treatment Short-*
11 *course) is one of the most cost-effective health inter-*
12 *ventions available today and is a core component of*
13 *the new Stop TB Strategy.*

14 *(11) The Stop TB Strategy, developed by the*
15 *World Health Organization, builds on the success of*
16 *DOTS and ongoing challenges so as to serve all those*
17 *in need and reach targets for prevalence, mortality,*
18 *and incidence reduction. The Stop TB Strategy in-*
19 *cludes six components:*

20 *(A) Pursuing high-quality expansion and*
21 *enhancement of DOTS coverage.*

22 *(B) Implementing tuberculosis and HIV col-*
23 *laborative activities, preventing and controlling*
24 *multi-drug resistant tuberculosis, and addressing*
25 *other special challenges.*

1 (C) Contributing to the strengthening of
2 health systems.

3 (D) Engaging all health care providers, in-
4 cluding promotion of the International Stand-
5 ards for Tuberculosis Care.

6 (E) Empowering individuals with tuber-
7 culosis and communities.

8 (F) Enabling and promoting research to de-
9 velop new diagnostics, drugs, vaccines, and pro-
10 gram-based operational research relating to tu-
11 berculosis.

12 (12) *The Global Plan to Stop TB 2006–2015:*
13 *Actions for Life* is a comprehensive plan developed by
14 the Stop TB Partnership that sets out the actions nec-
15 essary to achieve the millennium development goal of
16 cutting tuberculosis deaths and disease burden in half
17 by 2015 and thus eliminate tuberculosis as a global
18 health problem by 2050.

19 (13) While innovations such as the Global Tuber-
20 culosis Drug Facility have enabled low-income coun-
21 tries to treat a standard case of tuberculosis with
22 drugs that cost as little as \$16 for a full course of
23 treatment, there are still millions of individuals with
24 no access to effective treatment.

1 (14) *As the global resource investment in fighting*
2 *tuberculosis increases, partner nations and inter-*
3 *national institutions must commit to a corresponding*
4 *increase in the technical and program assistance nec-*
5 *essary to ensure that the most effective and efficient*
6 *tuberculosis treatments are provided.*

7 (15) *The Global Fund to Fight AIDS, Tuber-*
8 *culosis and Malaria is an important global partner-*
9 *ship established to combat these three infectious dis-*
10 *eases that together kill millions of people a year. Ex-*
11 *pansion of effective tuberculosis treatment programs*
12 *constitutes a major component of Global Fund invest-*
13 *ment, along with integrated efforts to address HIV*
14 *and tuberculosis in areas of high prevalence.*

15 (16) *The United States Agency for International*
16 *Development and the Centers for Disease Control and*
17 *Prevention are actively involved with global tuber-*
18 *culosis control efforts. Because the global tuberculosis*
19 *epidemic directly impacts tuberculosis in the United*
20 *States, Congress has urged the Centers for Disease*
21 *Control and Prevention each year to increase its in-*
22 *volvement with international tuberculosis control ef-*
23 *forts.*

24 (17) *The United States Agency for International*
25 *Development is the lead United States Government*

1 *agency for international tuberculosis efforts, working*
2 *in close partnership with the Centers for Disease Con-*
3 *trol and Prevention and with the President's Emer-*
4 *gency Plan for HIV/AIDS Relief. The goal of the*
5 *United States Agency for International Development*
6 *is to contribute to the global reduction of morbidity*
7 *and mortality associated with tuberculosis by build-*
8 *ing country capacity to prevent and cure tuberculosis*
9 *and achieve global targets of 70 percent case detection*
10 *and 85 percent treatment success rates. The United*
11 *States Agency for International Development provides*
12 *support for tuberculosis programs in countries that*
13 *have a high burden of tuberculosis, a high prevalence*
14 *of tuberculosis and HIV, and a high risk of MDR-*
15 *TB.*

16 **SEC. 3. ASSISTANCE TO COMBAT TUBERCULOSIS.**

17 (a) *POLICY.*—Subsection (b) of section 104B of the
18 *Foreign Assistance Act of 1961 (22 U.S.C. 2151b–3) is*
19 *amended to read as follows:*

20 “(b) *POLICY.*—It is a major objective of the foreign as-
21 *sistance program of the United States to control tuber-*
22 *culosis. In all countries in which the Government of the*
23 *United States has established development programs, par-*
24 *ticularly in countries with the highest burden of tuber-*
25 *culosis and other countries with high rates of tuberculosis,*

1 *the United States Government should prioritize the achieve-*
 2 *ment of the following goals by not later than December 31,*
 3 *2015:*

4 “(1) *Reduce by half the tuberculosis death and*
 5 *disease burden from the 1990 baseline.*

6 “(2) *Sustain or exceed the detection of at least*
 7 *70 percent of sputum smear-positive cases of tuber-*
 8 *culosis and the cure of at least 85 percent of those*
 9 *cases detected.*”.

10 (b) *AUTHORIZATION.*—*Subsection (c) of such section is*
 11 *amended—*

12 (1) *in the heading, by striking “AUTHORIZA-*
 13 *TION” and inserting “ASSISTANCE REQUIRED”; and*

14 (2) *by striking “is authorized to” and inserting*
 15 *“shall”.*

16 (c) *PRIORITY TO STOP TB STRATEGY.*—*Subsection (e)*
 17 *of such section is amended—*

18 (1) *in the heading, to read as follows: “PRIORITY*
 19 *TO STOP TB STRATEGY.—”;*

20 (2) *in the first sentence, by striking “In fur-*
 21 *nishing” and all that follows through “, including*
 22 *funding” and inserting the following:*

23 “(1) *PRIORITY.*—*In furnishing assistance under*
 24 *subsection (c), the President shall give priority to—*

1 “(A) activities described in the Stop TB
 2 Strategy, including expansion and enhancement
 3 of DOTS coverage, treatment for individuals in-
 4 fected with both tuberculosis and HIV and treat-
 5 ment for individuals with multi-drug resistant
 6 tuberculosis (MDR-TB), strengthening of health
 7 systems, use of the International Standards for
 8 Tuberculosis Care by all providers, empowering
 9 individuals with tuberculosis, and enabling and
 10 promoting research to develop new diagnostics,
 11 drugs, and vaccines, and program-based oper-
 12 ational research relating to tuberculosis; and

13 “(B) funding”; and

14 (3) in the second sentence—

15 (A) by striking “In order to” and all that
 16 follows through “not less than” and inserting the
 17 following:

18 “(2) AVAILABILITY OF AMOUNTS.—In order to
 19 meet the requirements of paragraph (1), the Presi-
 20 dent—

21 “(A) shall ensure that not less than”;

22 (B) by striking “for Directly Observed
 23 Treatment Short-course (DOTS) coverage and
 24 treatment of multi-drug resistant tuberculosis

1 *using DOTS–Plus,” and inserting “to implement*
2 *the Stop TB Strategy; and”; and*

3 *(C) by striking “including” and all that fol-*
4 *lows and inserting the following:*

5 *“(B) should ensure that not less than*
6 *\$15,000,000 of the amount made available to*
7 *carry out this section for a fiscal year is used to*
8 *make a contribution to the Global Tuberculosis*
9 *Drug Facility.”.*

10 *(d) ASSISTANCE FOR WHO AND THE STOP TUBER-*
11 *CULOSIS PARTNERSHIP.—Such section is further amend-*
12 *ed—*

13 *(1) by redesignating subsection (f) as subsection*
14 *(g); and*

15 *(2) by inserting after subsection (e) the following*
16 *new subsection:*

17 *“(f) ASSISTANCE FOR WHO AND THE STOP TUBER-*
18 *CULOSIS PARTNERSHIP.—In carrying out this section, the*
19 *President, acting through the Administrator of the United*
20 *States Agency for International Development, is authorized*
21 *to provide increased resources to the World Health Organi-*
22 *zation (WHO) and the Stop Tuberculosis Partnership to*
23 *improve the capacity of countries with high rates of tuber-*
24 *culosis and other affected countries to implement the Stop*

1 *TB Strategy and specific strategies related to addressing*
 2 *extensively drug resistant tuberculosis (XDR-TB).”.*

3 (e) *DEFINITIONS.*—Subsection (g) of such section, as
 4 redesignated by subsection (d)(1), is amended—

5 (1) in paragraph (1), by adding at the end be-
 6 fore the period the following: “, including low cost
 7 and effective diagnosis and evaluation of treatment
 8 regimes, vaccines, and monitoring of tuberculosis, as
 9 well as a reliable drug supply, and a management
 10 strategy for public health systems, with health system
 11 strengthening, promotion of the use of the Inter-
 12 national Standards for Tuberculosis Care by all care
 13 providers, bacteriology under an external quality as-
 14 sessment framework, short-course chemotherapy, and
 15 sound reporting and recording systems”; and

16 (2) by adding after paragraph (5) the following
 17 new paragraph:

18 “(6) *STOP TB STRATEGY.*—The term ‘Stop TB
 19 Strategy’ means the six-point strategy to reduce tu-
 20 berculosis developed by the World Health Organiza-
 21 tion. The strategy is described in the *Global Plan to*
 22 *Stop TB 2007–2016: Actions for Life*, a comprehen-
 23 sive plan developed by the Stop Tuberculosis Partner-
 24 ship that sets out the actions necessary to achieve the

1 *millennium development goal of cutting tuberculosis*
 2 *deaths and disease burden in half by 2016.”.*

3 (f) *ANNUAL REPORT.—Clause (iii) of section*
 4 *104A(e)(2)(C) of the Foreign Assistance Act of 1961 (22*
 5 *U.S.C. 2151b–2(e)(2)(C)) is amended by adding at the end*
 6 *before the semicolon the following: “, including the percent-*
 7 *age of such United States foreign assistance provided for*
 8 *diagnosis and treatment of individuals with tuberculosis in*
 9 *countries with the highest burden of tuberculosis, as deter-*
 10 *mined by the World Health Organization (WHO)”.*

11 (g) *AUTHORIZATION OF APPROPRIATIONS.—*

12 (1) *IN GENERAL.—There are authorized to be ap-*
 13 *propriated to the President not more than*
 14 *\$400,000,000 for fiscal year 2008 and not more than*
 15 *\$550,000,000 for fiscal year 2009 to carry out section*
 16 *104B of the Foreign Assistance Act of 1961 (22*
 17 *U.S.C. 2151b–3), as amended by subsections (a)*
 18 *through (e) of this section.*

19 (2) *FUNDING FOR CDC.—Of the amounts appro-*
 20 *priated pursuant to the authorization of appropria-*
 21 *tions under paragraph (1), not more than*
 22 *\$70,000,000 for fiscal year 2008 and not more than*
 23 *\$100,000,000 for fiscal year 2009 shall be made avail-*
 24 *able for the purpose of carrying out global tuber-*

1 *culosis activities through the Centers for Disease Con-*
2 *trol and Prevention.*

3 (3) *ADDITIONAL PROVISIONS.—Amounts appro-*
4 *priated pursuant to the authorization of appropri-*
5 *tions under paragraph (1) and amounts made avail-*
6 *able pursuant to paragraph (2)—*

7 (A) *are in addition amounts otherwise*
8 *made available for such purposes; and*

9 (B) *are authorized to remain available*
10 *until expended.*

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[Report No. 110-381, Part I]

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